

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.
10/572603

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4		3		1		
5		2		1		
6		2		1		
7		3		1		
8		3		1		
9		3		1		
10		3		1		
11		3		1		
12		3		1		
13		3		1		
14		1		1		
15		1		1		
16		1		1		
17		1		1		
18		1		1		
19		1		1		
20		1		1		
21		1		1		
22		1		1		
* 23	1		1			
* 24	1		1			
* 25		1		1		
* 26		1		1		
* 27		3		1		
* 28		1		1		
* 29		1		1		
* 30		1				
* 31		1				
* 32		1				
* 33		1				
* 34		1				
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* 37		1				
* 38		1				
* 39		1				
* 40		1				
* 41		1				
* 42	1					
* 43	1					
44				1		
45				1		
46				1		
47				1		
48				1		
49				1		
50				1		
TOTAL IND.	5	↓	3	↓	0	↓
TOTAL DEP.	58	←	31	←	0	←
TOTAL CLAIMS	63		34		0	

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51				1		
52				1		
53				1		
54				1		
55				1		
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96						
97						
98						
99						
100						
TOTAL IND.	0	↓	2	↓	0	↓
TOTAL DEP.	0	←	5	←	0	←
TOTAL CLAIMS	0		7		0	